

# ATTACHMENT 1

## Procedure code conversion chart for HealthCheck services

The following table lists the *Current Procedural Terminology* (CPT) or Healthcare Common Procedure Coding System (HCPCS) procedure codes providers will be required to use when submitting claims for HealthCheck services. A future *Wisconsin Medicaid and BadgerCare Update* will notify providers of the specific effective dates for Wisconsin Medicaid's implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

*Note:* Refer to Attachment 3 of this *Update* for allowable modifiers that providers may use with HealthCheck services CPT and HCPCS procedure codes.

Before HIPAA implementation	After HIPAA implementation
Local procedure code description	Procedure code and description
<b>W7013</b> Brief interperiodic screen (less than 15 minutes)	<b>99211</b> Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
	<b>99212</b> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: <ul style="list-style-type: none"> <li>• a problem focused history;</li> <li>• a problem focused examination;</li> <li>• straightforward medical decision making.</li> </ul> Usually, the presenting problems are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
<b>W7015</b> Intermediate interperiodic screen (15-30 minutes)	<b>99213</b> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: <ul style="list-style-type: none"> <li>• an expanded problem focused history;</li> <li>• an expanded problem focused examination;</li> <li>• medical decision making of low complexity.</li> </ul> Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
	<b>99214</b> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: <ul style="list-style-type: none"> <li>• a detailed history;</li> <li>• a detailed examination; and</li> <li>• medical decision making of moderate complexity.</li> </ul> Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

Before HIPAA implementation	After HIPAA implementation
Local procedure code description	Procedure code and description
<b>W7016</b> Long interperiodic screen (over 30 minutes)	<b>99215</b> Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: <ul style="list-style-type: none"> <li>• a comprehensive history;</li> <li>• a comprehensive examination;</li> <li>• medical decision making of high complexity.</li> </ul> Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
<b>W7017</b> Lead education visit	<b>T1002</b> Registered nurse services, up to 15 minutes
<b>W7083</b> Lead inspection (initial)	<b>T1029</b> Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
<b>W7084</b> Lead inspection (follow-up)	<b>T1029*</b> Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling
<b>W7018</b> DTP and MMR and Oral polio	<b>90700</b> Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), for intramuscular use
	<b>90707</b> Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous or jet injection use
	<b>90713</b> Poliovirus vaccine, inactivated, (IPV), for subcutaneous use

\*Claims for follow-up services to lead inspections should indicate procedure code T1029 *and* nationally recognized modifier **"TS"** (follow-up service).